

State Water Resources Control Board



Alan C. Lloyd, Ph.D.

Agency Secretary

Division of Water Quality

1001 I Street, Sacramento, California 95814 ◆ (916) 341-5551 Mailing Address: P.O. Box 2231, Sacramento, California 95812 FAX (916) 341-5808 ◆ Internet Address: http://www.waterboards.ca.gov

OFFICE OF TANK TESTER LICENSING

APPLICATION FOR TANK TESTER LICENSE

(Rev. 3/06)

Application fee: \$100 **Examination fee:** \$200

FOR OFFICE USE ONLY

Application #

Please use this application form to apply for a tank tester license. When you have completed the form, please send it to: State Water Resources Control Board, Office of Tank Tester Licensing, P.O. Box 2231, Sacramento, CA 95812, Attn: Amantha Henkel. Please include the following with your application:

- Check or money order for \$300, made payable to *State Water Resources Control Board*. (This amount includes the application and examination fees.)
- Two 1" by 1" color photographs (head only).

APPLICANT INFORMATION		
Last Name	First Name	Middle Initial
Street Address		
City, State, Zip		Telephone
Email Address		
EMPLOYER INFORMATION		
Company Name		
Street Address		Telephone
City, State, Zip		
Email Address		Fax

TANK TESTING EQUIPMENT INFORMATION Equipment Manufacturer	Please include the information regarding the <u>tank</u> <u>testing</u> equipment you use. If you use more than one type of equipment, please list all.
Equipment Model	
Date of Manufacturer's Training Certificate	
LINE (PIPING) TESTING EQUIPMENT INFORM Equipment Manufacturer	ATION
Equipment Model	
Date of Manufacturer's Training Certificate	

Please enclose copies of all current manufacturers' training certificates.

DOCUMENTATION OF EXPERIENCE			
Your experience must include one full year as a tank tester and you must have tested at least 50 underground storage tank systems.			
In addition to completing this section, you must also encl completed by someone who is willing to attest to your ex completed form to you for inclusion with this application one employer, please attach a separate sheet for each emp	perience. The declarant should return the . If you are claiming experience from more than		
Company name, address, and telephone	Description of work performed		
	(Number of tanks tested, type of equipment used, name of immediate supervisor, etc.)		
	1 , ,		
From (date):			
To (date):			
In accordance with section 2761(a) of the California Code Licensing may require additional information, evidence, st			

application for licensure.

The information requested on this application is required pursuant to Health and Safety Code Section 25284.4 and will be used to determine the applicant's eligibility for licensure. The Chief of the Division of Water Quality, State Water Resources Control Board is responsible for maintaining the information supplied on this application. The authority for maintaining the information is in Health and Safety Code Chapter 6.7, Section 25284.4. The information may be given to other government agencies. Individuals have the right to review the records maintained about them unless the records are exempted by Section 1798.40 of the Civil Code.

APPLICANT CERTIFICATION I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION	TION I HAVE SUPPLIED ON	
THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		
Applicant signature	Date	